

COMMERCIAL APPLICATION FORM

Business Name: _____
Service Address: _____
City: Lafayette State: Indiana ZIP+4: _____
Work phone #: _____ Fax phone #: _____

Previous address: _____
Service start date: _____ Requested by _____

Name of Responsible Representative: _____
Address: _____
City _____ State _____ zip _____

I affirm that all statements on this form are true and that I have the authority to turn on water at this location and that I will be personally responsible for any unpaid bills for this entity.

Representative's Signature: _____ Date: _____

Rental/Lease/Purchase on Contract information (documentation must be provided)

Property Owner Name: _____
Property Owner phone #: _____

Identification information:

Entity Federal ID #: _____
Representative's SSN: _____
Other ID type: _____ Number: _____

Billing Address Information: (If other than service address)

Name: _____
Street Address: _____
City: _____ State: _____ Zip+4: _____
Automatic Bank Draft? Y/N (include application for Bank Draft)

FOR OFFICE USE ONLY

Account #: _____ Customer #: _____ Customer Type: C

Taxable: Y/N Sales Tax Exempt pending determination (Form ST-109 required) Y/N
Fire Line: Y/N Fire Hydrant: Y/N

Application Fee Collected: Y/N Amount: _____ Deposit Collected: Y/N Amount: _____
Application accepted by: _____ Date: _____ Work Order# _____
Dial # _____ Application entered by: _____